	131.4 156.6 133.2 34.0 0.0
CBID NUMBER   Director's Office   HEADQUARTERS ADDRESS   TELEPHO	558-5800 ZIP CODE 9581  (9) TOTAL EXPENSES FOR DAY 131.4 156.6 133.2 34.0 0.0
B13-001-9785-001   E99	558-5800 ZIP CODE 9581  (9) TOTAL EXPENSES FOR DAY 131.4 156.6 133.2 34.0 0.0
STATE   ZIP CODE   STATE   ZIP CODE   STATE   Sacramento	558-5800 ZIP CODE 9581  (9) TOTAL EXPENSES FOR DAY 131.4 156.6 133.2 34.0 0.0
STATE   ZIP CODE   STATE   Sacramento   STATE   Sacramento   CA	2IP CODE  9581  (9) TOTAL  S EXPENSES FOR DAY  131.4  156.6  133.2  34.0  0.0  118.0
Sacramento   CA   Sacramento	(9) TOTAL EXPENSES FOR DAY 131.4 156.6 133.2 34.0 0.0
MONTH   (1) YEAR   (3)   (3)   (4)   (5)   MEALS   (6)   (7)   TRANSPORTATION   (8)	(9) TOTAL EXPENSES FOR DAY 131.4 156.6 133.2 34.0 0.0
April   2010   LOCATION   WHERE EXPENSES   LODGING   BREAK-FAST   LUNCH   DINNER   TALS   TRANS.   USED   PARKING   MILES   AMOUNT   EXPENSES	TOTAL EXPENSES FOR DAY  131.4  156.6  133.2  34.0  0.0  118.0
DAY         TIME         WERE INCURRED         FAST         LUNCH         DINNER         TALS         TRANS.         USED         PARKING         MILES         AMOUNT         EXPENS           5         7:00         Sacto to Oakland         93.41         10.00         18.00         6         SC         4.00         0.00           6         San Francisco         116.60         10.00         18.00         6.00         6.00         0.00           7         Capitola         93.24         6.00         10.00         18.00         6.00         0.00           8         22:00         Santa Maria to Sacto         6.00         10.00         18.00         0.00         0.00           26         7:00         Sacto to San Jose to Santa Rosa         84.00         10.00         18.00         6.00         SC         0.00	131.4 156.6 133.2 34.0 0.0
5         7:00         Sacto to Oakland         93.41         10.00         18.00         6         SC         4.00         0.00           6         San Francisco         116.60         10.00         18.00         6.00         6.00         0.00           7         Capitola         93.24         6.00         10.00         18.00         6.00         0.00           8         22:00         Santa Maria to Sacto         6.00         10.00         18.00         0.00           26         7:00         Santa Rosa         84.00         10.00         18.00         6.00         SC         0.00	131.4 156.6 133.2 34.0 0.0
6 San Francisco 116.60 10.00 18.00 6.00 6.00 0.00  7 Capitola 93.24 6.00 10.00 18.00 6.00 0.00  8 22:00 San Luis Obispo to Santa Maria to Sacto 6.00 10.00 18.00 0.00  Santa Maria to Sacto 6.00 10.00 18.00 0.00  Sacto to San Jose to San Jose to Santa Rosa 84.00 10.00 18.00 6.00 SC 0.00	156.6 133.2 34.0 0.0
7	133.2 34.0 0.0 118.0
San Luis Obispo to Santa Maria to Sacto 6.00 10.00 18.00 0.00 0.00 0.00 0.00 0.00	34.0 0.0 118.0
San Luis Obispo to Santa Maria to Sacto 6.00 10.00 18.00 0.00 0.00 0.00 0.00 0.00	34.0 0.0 118.0
8 22:00 Santa Maria to Sacto 6.00 10.00 18.00 0.00 0.00 0.00 0.00 0.00	0.0 118.0
26 7:00 Santa Rosa 84.00 10.00 18.00 6.00 SC 0.00	118.0
26 7:00 Santa Rosa 84.00 10.00 18.00 6.00 SC 0.00	118.0
26 7:00 Santa Rosa 84.00 10.00 18.00 6.00 SC 0.00	
27 18:00 Santa Rosa to Sacto 6.00	0.0
	6.0
	_
(10) SUBTOTALS SUBTOTALS CLAIM CODE (ACCTG. USE ONLY)  387.25 18.00 50.00 90.00 24.00 0.00 10.00 0 0.00 0.00	579.2
CLAIM TOTAL \$	579.2
(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)	RS
Director's Office 001 - Field visits to DOR Offices in Oakland, San Francisco, Capitola, Santa Maria, San Luis Obispo, Santa Rosa and	CENSE NUMBER
presented at DOR's Public Meeting in San Jose.  (14) MILEAGE RATE CLAI	MEI \$0.550
AGENCY ACCO	
OFFICE USE PAID BY REVOLVING FUNI	ONLY
15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately waved vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have not the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat bett usage.	
CLAIMANT'S SIGNATURE DATE (16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT DATE	
> Original signed by Anthony Sauer > Original signed by Luciana Profaca	